

**NORTH DAKOTA DEPARTMENT OF HEALTH**  
**Bond for Cleaning, Pumping, and Servicing**  
**N.D.C.C. § 23-19-03**

Bond No. \_\_\_\_\_

This bond binds \_\_\_\_\_  
of (address) \_\_\_\_\_, **as Principal**, and  
\_\_\_\_\_, a corporation licensed  
to do business in the state of North Dakota, **as Surety**, and their legal representatives and assigns, to pay to the State of North  
Dakota the sum of ONE THOUSAND DOLLARS (\$1,000.00) UPON THE VIOLATION OF THE TERMS AND CONDITIONS OF  
THIS BOND. This obligation applies jointly and severally to the Principal and Surety.

N.D.C.C. ch. 23-19 requires that before receiving a license to engage for hire in any of the servicing activities listed below, the applicant  
shall execute and deposit with the North Dakota Department of Health a surety bond in the sum of one thousand dollars conditioned  
on the faithful performance of all work undertaken by the applicant in conformity with all applicable health laws and regulations. The  
servicing activities for which a bond is required include:

1. Cleaning, pumping, and servicing cesspools, septic tanks, privies, chemical toilets, or holding tanks;
2. Transfer or disposal of any liquid wastes or byproduct of commercial or industrial processes.

THEREFORE, the Principal and Surety agree to pay to the State of North Dakota the sum of ONE THOUSAND DOLLARS (\$1,000.00)  
if the Principal fails to faithfully perform any work under its license for any of the servicing activities listed above in conformity with all  
applicable health laws and regulations, including all rules enacted by the North Dakota Health Council, and all other applicable health  
regulations or restrictions outlined by federal, state, or local laws or ordinances pertaining to such services or the disposal of specific  
wastes or byproducts.

The aggregate liability of the Surety under this bond to all persons shall not exceed the sum of ONE THOUSAND DOLLARS  
(\$1,000.00).

This bond is continuous and may be terminated by the Surety by sending a written notice of termination, through registered mail, to  
the North Dakota Department of Health, Bismarck, North Dakota, and to the Principal. The termination shall become effective thirty  
(30) days after the Department of Health receives the written notice of termination, and the Surety shall be relieved from any liability  
for any acts or omissions of the Principal subsequent to that date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal

Countersigned

By \_\_\_\_\_  
North Dakota Resident Agent

By \_\_\_\_\_  
Surety

**ACKNOWLEDGMENT OF PRINCIPAL IF AN INDIVIDUAL OR FIRM**

STATE OF NORTH DAKOTA )  
: SS.

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public within and for said County and  
State, personally appeared \_\_\_\_\_, known  
to me to be the person who is described in and who executed the within instrument, and acknowledged to me that he executed the  
same.

(Notary's seal to be attached)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, ND  
My commission expires \_\_\_\_\_

ACKNOWLEDGMENT OF PRINCIPAL IF A CORPORATION

STATE OF NORTH DAKOTA

)

: SS.

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public within and for said County and State, personally appeared \_\_\_\_\_, known to me to be the \_\_\_\_\_ of the Corporation that is described in and that executed the within instrument, and acknowledged to me such Corporation executed the same, thereunto duly authorized.

(Notary's seal to be attached)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, ND

My commission expires \_\_\_\_\_

ACKNOWLEDGMENT OF SURETY (By Corporate Officer)

STATE OF NORTH DAKOTA

)

: SS.

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public within and for said County and State, personally appeared \_\_\_\_\_, known to me to be the aforesaid officer of Surety, and acknowledged to me that such Corporation executed the same.

(Notary's seal to be attached)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, ND

My commission expires \_\_\_\_\_

ACKNOWLEDGMENT OF SURETY (By an Attorney-in-Fact)

STATE OF NORTH DAKOTA

)

: SS.

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public within and for said County and State, personally appeared \_\_\_\_\_, known to me to be the person who is described in and whose name is subscribed to the within instrument as the attorney-in-fact of \_\_\_\_\_ and acknowledged to me that he subscribed the name of the \_\_\_\_\_ thereto as Surety and his own name as attorney-in-fact.

(Notary's seal to be attached)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, ND

My commission expires \_\_\_\_\_

**For  
Department  
Use Only**

Approved as to form and execution this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Attorney General

By \_\_\_\_\_  
Assistant Attorney General